

A stylized profile of a human head facing left, rendered in a light green color. Inside the head, three interlocking gears of different sizes are visible, also in a light green color. The background of the entire top section is a solid medium green.

# BUILDING A HEALTHY GILBERT

3/31/2015

Summary Report from the March 31, 2015 Mayor's Mental Health and Wellness Community Dialogue. This invitation-only event brought together Community Leaders to explore issues related to mental health and wellness, including gaps, challenges and solutions to building a healthier Gilbert.

# Introduction

In 2014 the Town of Gilbert commissioned a systematic assessment of community needs of residents, to identify the scope of the needs that exist in the community, assess services currently available within the Town limits and the surrounding communities that are accessible and affordable to residents, any gaps or areas of improvement in the provision of human services that may exist currently or are likely to emerge in the future, the greatest needs that currently exist for residents, and provided prioritized recommendations and best practices to address the gaps.

The Final Report generated 18 recommendations and five Regional Partnership Strategy Recommendations, to address the population groups. The population groups listed in priority, as ranked by the report, are:

1. Families and individuals in crisis
2. **Individuals needing mental health and substance abuse treatment services**
  - a. *A mental health and substance abuse treatment facility in Gilbert*
  - b. *Youth services*
  - c. *Homeless services*
  - d. *Services to special needs individuals*
  - e. *Post-Traumatic Stress Disorder (PTSD) and substance abuse treatment services for veterans*
3. Low/Moderate income individuals and families
4. Elderly/Seniors
5. Homeless individuals and families
6. Individuals with special needs
7. Youth
8. Immigrants
9. Culturally diverse groups

Within the nine population groups, there were five common threads that were common identified gaps, which were:

- Centralized resource for information and referral
- Safe, affordable housing
- Affordable, accessible transportation
- Access to basic necessities
- Accessible health care to meet needs

As a follow-up to the population group *individuals needing mental health and substance abuse treatment services* and the specific recommendation in the Community Needs Assessment, Gilbert's

## 2014 Gilbert Community Needs Assessment Prioritized Recommendation and Best Practice Strategies to Address a Community Gap

### Recommendation 4.

Take an active role in working with the community to recognize the critical need for high-quality mental health and substance abuse treatment facilities within the community to meet critical needs. This segment of the population constitutes a current gap in human services.

- Recommend working with the burgeoning health care facilities in Gilbert to create a niche for Gilbert human services expertise that can be used as an offset for surrounding communities providing Gilbert residents with shelter facilities, services to the homeless and low income housing.

Mayor, John Lewis invited industry leaders and service providers in the mental health and substance abuse sectors, to start a dialogue to begin the conversation about Building a Healthier Gilbert.

## **Participating Organizations Included:**

*Senator McCain's office*

*Congressman Matt Salmon's  
office*

*Gilbert Town Council*

*Faith Community Leaders*

*First Responders*

*Local Business Community  
Members & Leaders*

*Local Schools*

*Maricopa County Agencies*

*Medical Professionals*

*State of Arizona Agencies*

*Town of Gilbert*

*Veteran's Administration*

*Arizona State University*

## **Event Summary**

The invitation-only Community Dialogue was held on March 31, 2015 at the Southeastern Regional Library Community Room with representatives from numerous industries and organizations.

An update regarding the community needs assessment was provided to attendees.

Gilbert Police Chief Tim Dorn provided an overview from the law enforcement perspective.

In a recent meeting, police chiefs from mid-sized agencies across the country identified police response to mental health incidents as one of the major issues facing law enforcement.

The police are called upon to serve involuntary commitment orders, a legal process through which an individual with symptoms of severe mental illness is court-ordered into treatment, on persons who are determined to present a threat to themselves or others.

Police often respond to incidents where people are demonstrating unusual and threatening behavior in public. It is often unknown if the incident involves mental health, substance abuse, or both.

Persons involved in mental health incidents and/or substance abuse can exhibit extreme strength and a very high tolerance for pain, which can require an elevated use of force by law enforcement.

Gilbert police respond to incidents involving mental health and substance abuse on a daily basis. Many of these calls for service involve the service of involuntary commitment orders, subjects threatening suicide and overdoses.

Emergency rooms and emergency response personnel continue to see increases in overdoses, and overdose deaths, associated with heroin and prescription drugs.

Interviews and surveys of young people confirm that prescription drugs are a gateway to heroin use. Heroin becomes cheaper than prescription drugs.

Julie Landspurg, Gilbert staff and event facilitator, transitioned the event to a table dialogue to spend the remaining event identifying gaps, challenges and solutions related to mental health and wellness and substance abuse. Attendees spent the remainder of the event in respectful dialogue to discuss and commit to building a healthy Gilbert.

Much of the dialogue centered on the following nine central themes:

- Awareness
- Education
- Faith
- Funding
- Infrastructure
- Policy
- Resources
- Solutions
- Stakeholders

Within all of these themes, the participants highlighted the importance of focusing on reducing the stigma associated with Mental Health through awareness and education; once that is accomplished it opens the door to being receptive to solutions.

## Key Dialogue Themes

*What can we do as a community of individuals, organizations, agencies, Town Council, Town Staff, etc. to address the issue of Mental Health and Wellness in Gilbert?*

### Awareness

- Acknowledge we, as a community, have a problem
- Recognize there is a problem (as a community)
- Develop a media campaign to address stigma

### Main Central Themes Raised During Community Dialogue

- Awareness
- Education
- Faith
- Funding
- Infrastructure
- Policy
- Resources
- Solutions
- Stakeholder

Within all of these themes, participants highlighted the importance of focusing on reducing the stigma associated with Mental Health through awareness and education; once that is accomplished it opens the door to being receptive to solutions.

## Education

- Develop an education series for all parents with general information
- Community education on drugs, trauma, etc. and provide repeatedly
- Provide training for volunteers
- Early intervention education and how to access information
- Raise awareness in the community, faith community and at schools
- Educate people about the resources available
- Talk publicly about it
- Provide first responders the tools in mental health first aid training
- Tell the community how and where to access information and what is available
- It takes a village to teach our children

## Faith

- On-going prayer
- IHelp. Faith based services for the homeless

## Funding

- Provide funding to organizations that provide services

## Infrastructure

- Need local mental health facility
- In-patient mental health treatment facility
- Allow for a mental health facility to be built in Gilbert
- Improve transportation infrastructure and access to transit
- Local crisis hotline
- One stop shop for the community and professionals to know where to find information

## Policy

- Collective legislative support
- New legislation for Arizona Health Care Cost Containment System to remain open at all times

## Resources

- Conduct a resource assessment
- Share data
- Inventory available resources
- Provide wrap-around services
- Utilize complementary medicine (in-patient or out-patient)
- Conduct a Gap or Strengths-Weakness-Opportunities-Threats analysis
- Centralize resource information



## Solutions

- Campaign to collect unused prescription pills or lock them up. Turn In, Lock Up.
- Find local Gilbert resident familiar that serves as the Director of Faith Based Services to assist with identifying best practices

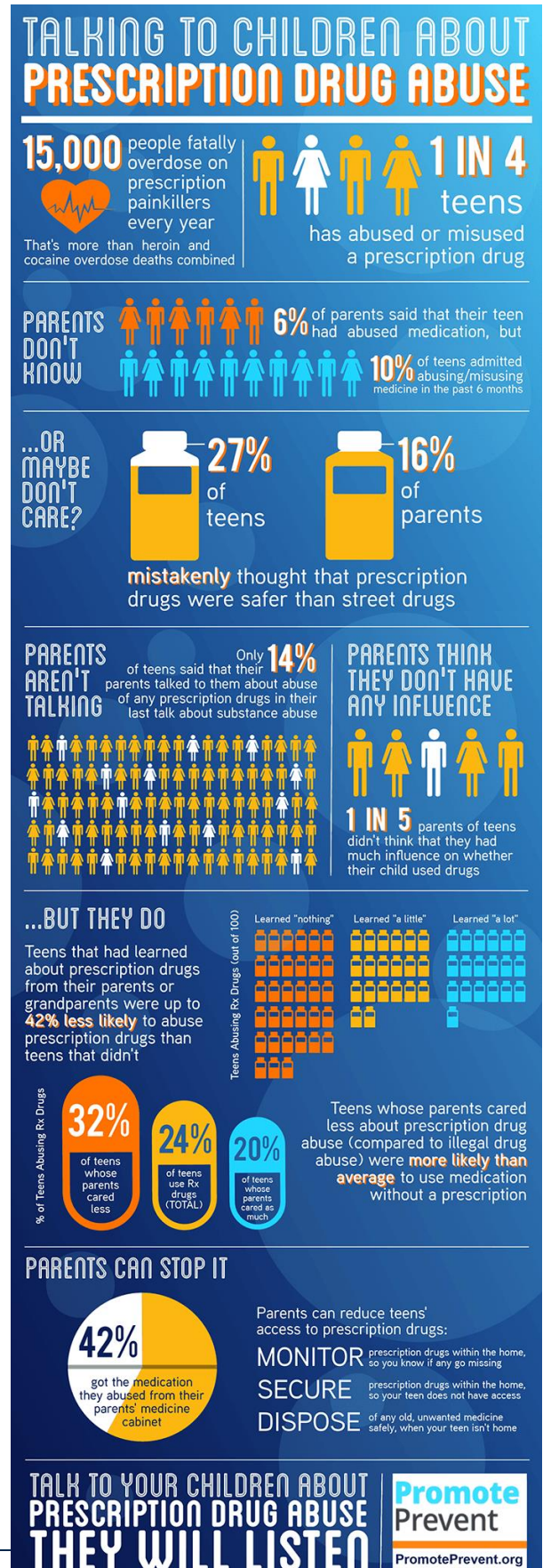
## Stakeholders

- Develop a small task focus group comprised of schools, faith community, law enforcement, health providers
- Organize quarterly meetings to keep the conversation on-going
- Mental health professionals and law enforcement collaboration
- Create collaborative group (to present a unified front)
- Develop law enforcement program to combine police and counseling to frequently visit those in need
- East Valley Mayor's Initiative
- Public forums for individuals with mental illness to assist in developing public campaign
- Need political leadership to address stigma- it takes a village
- Establish a referral network
- Partnerships between government and private sector providers
- Assign non-profit organization to champion efforts (i.e. For Our City)
- Community integration/support of patients. Develop neighborhood partnerships.
- Networking and interagency communication

## Dialogue Questions

*Where are more Mental Health and Wellness resources needed?*

- Prevention & education
  - Centralized resources
  - Determining the mental health concerns & drugs on the front end



- Lack of parental education
  - Don't know where to start, need help to navigate the system
  - Develop educational series
  - Need to provide access to the information
  - Focus on youth
  - Drug awareness
- Community education to parents, families, faith leaders, counselors, etc.
  - Utilize different communication avenues to distribute the message
- Lack of Services
  - Long-term homeless shelters
  - Food accessibility
  - Local treatment facilities
  - Social Support
  - Financial education
- Awareness & Advocacy in public setting
- Facilitate need to be identified and/or built into community
- Legislative changes to make healthier community a priority
- Alternative medicine as an avenue to treat mental health
- Telemedicine
- Transportation to resources
- At-risk youth
- Data sharing
- Training and education for faith-based community

## *How have other communities dealt with Mental Health and Wellness?*

- Phoenix, East Valley, Mesa have a Veteran's Court to address mental health treatment related concerns
- Having mental health professionals join public safety on domestic violence calls
- Prescription drop-off sites for unused prescriptions
- Education
- Faith based facilities for homeless
- Safe & sober campaign (City of Tempe)
- PALS (Parents of Addicted Loved-ones) free group meetings
- Plano Texas suicide prevention program
- Urgent psychiatric care is in closer proximity
- Professional from different agencies and background meet regularly to network and discuss current success and challenges
- Local law enforcement in certified in crisis intervention training (CIT)
- Homeless shelters available
- San Antonio Police Force trained to educate and provide on-site social services information
- Better peer-to-peer training for youth
- Need to look at best practices

## *What actions has the dialogue triggered for you, your organization, department, etc.?*

- Education & Outreach
  - “Coupling” with schools, public safety, community to openly discussion prescription drugs
  - Publicize existing information
- Encourage faith communities to be more open to acknowledging there is a problem
- Networking- staying connected to be part of the solution
- Published resource directory
- Build community resource center (churches?)
- Town to coordinate with churches and organizations
- More long-term accountability for ongoing treatment.
- Safe spaces for sharing stories about mental illness
- Develop on-line presentation series
- Need to demonstrate united front among community organizations, i.e. schools, Town, Hospitals
- Recognition of current organizational silos that need to be broken to address mental health more comprehensively
- Need to assess where local providers may have an ability to add complementary medicine to enhance their services
- Invite families and/or family agencies to provide additional input to the conversation
- Gilbert Public Schools to develop public task force
- Continue conversation to address stigma around mental health
- Continue engagement
- *Resource sharing*
- *Community education*

## *What are the FIRST steps you, your agency, organization, department, etc. will do to make this happen?*

- Network- organize quarterly meetings to keep conversation going
- Host public forum for individuals and families to assist to develop a public awareness campaign
- Collaboration & Connections
- Participate in expanding education and outreach
- Connect staff with VA representatives
- Bring education back to schools and expand to parents
- Develop a resource guide
- Develop a small task force with stakeholders to respond to those that regularly need help
- Offer evening classes



- Connect with first responders to provide information about Veteran's Administration services
- Suicide prevention
- Education for internal staff about benefits available through Employee Assistance Program
- Develop a focus group of recovered people to provide input to the question "what would have helped you?"
- Utilize social media
- MARC Community Resources is available to dialogue
- Arizona Department of Health Services/Department of Behavioral Health Services is available to provide free education and presentations
- Develop task force
- Develop written internal staff procedure to formalize process to address customers with mental health challenges.
- Review current programs and ask for school feedback.
- Education practitioners about the roles in mental health treatment
- Formalize sharing of data and look at creating a data dashboard.

## **Additional Resources**

<http://www.maricopa.gov/FindHelpPhx/categories.aspx>

<http://myhsd.maricopa.gov/Individuals-Families/Community-Resources.aspx>

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## 10 Facts on Mental Health from the World Health Organization



### Fact 1

***Around 20% of the world's children and adolescents have mental disorders or problems.***

About half of mental disorders begin before the age of 14. Similar types of disorders are being reported across cultures. Neuropsychiatric disorders are among the leading causes of worldwide disability in young people. Yet, regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources. Most low and middle-income countries have only one child psychiatrist for every 1 to 4 million people.



### Fact 2

***Mental and substance use disorders are the leading cause of disability worldwide.***

About 23% of all years lost because of disability is caused by mental and substance use disorders.



### Fact 3

***About 800,000 people commit suicide every year.***

Over 800,000 people die due to suicide every year and suicide is the second leading cause of death in 15-29-year-olds. There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide. 75% of suicides occur in low- and middle-income countries. Mental disorders and harmful use of alcohol contribute to many suicides around the world. Early identification and effective management are key to ensuring that people receive the care they need.



### Fact 4

***War and disasters have a large impact on mental health and psychosocial well-being.***

Rates of mental disorder tend to double after emergencies.



### Fact 5

***Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury.***

Mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa.



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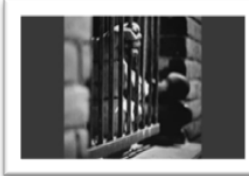
## 10 Facts on Mental Health from the World Health Organization



### Fact 6

***Stigma and discrimination against patients and families prevent people from seeking mental health care.***

Misunderstanding and stigma surrounding mental ill health are widespread. Despite the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions. This stigma can lead to abuse, rejection and isolation and exclude people from health care or support. Within the health system, people are too often treated in institutions which resemble human warehouses rather than places of healing.



### Fact 7

***Human rights violations of people with mental and psychosocial disability are routinely reported in most countries.***

These include physical restraint, seclusion and denial of basic needs and privacy.

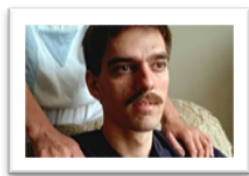
Few countries have a legal framework that adequately protects the rights of people with mental disorders.



### Fact 8

***Globally, there is huge inequity in the distribution of skilled human resources for mental health.***

Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers to providing treatment and care in low- and middle-income countries. Low-income countries have 0.05 psychiatrists and 0.42 nurses per 100 000 people. The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater.



### Fact 9

***There are 5 key barriers to increasing mental health services availability.***

In order to increase the availability of mental health services, there are 5 key barriers that need to be overcome: the absence of mental health from the public health agenda and the implications for funding; the current organization of mental health services; lack of integration within primary care; inadequate human resources for mental health; and lack of public mental health leadership.



### Fact 10

***Financial resources to increase services are relatively modest.***

Governments, donors and groups representing mental health service users and families need to work together to increase mental health services, especially in low- and middle-income countries. The financial resources needed are relatively modest: US\$ 2 per capita per year in low-income countries and US\$ 3-4 in lower middle-income countries.

**EXHIBIT B****ATTENDEES**

<b>First Name</b>	<b>Last Name</b>	<b>Organization Represented</b>
Ali	Barnes	A Wiser Mind
Kelli	Donley	ADHS/DBHS
John	Valentine	AMR
Glenn	Kasprzyk	AMR
Stephanie	Salazar	ASU
Tim	Ahlman	Christ's Greenfield Church
Jon	McHatton	Congressman Salmon's Office
Julie	Graham	Dignity Health
Eric	Jones	Evident Life Church
Tim	Thompson	Fountain of Life
Jim	Jobush	Gilbert Fire
Tim	Dorn	Gilbert Police Department
Chris	Machk	Gilbert Public Schools
Daryl	Colvin	Gilbert Public Schools
Julie	Smith	Gilbert Public Schools
Helen	Dippre	Gilbert Public Schools
Alex	Nardone	Gilbert Public Schools
Brigitte	Peterson	Gilbert Town Council
Megan	Page	Maricopa Juvenile Corrections
Jennifer	Crews	Mercy Gilbert Medical Center
Erick	O'Donnell	None Noted
Sue	Shipman	Optimum Balancing
Todd	Dahl	Phoenix VA
Trent	Blanchard	Sen. McCain's office
Carrie	Bosley	Town of Gilbert
Kurt	Sharp	Town of Gilbert
Linda	Edwards	Town of Gilbert
Marc	Skocypec	Town of Gilbert
Kathleen	Sullivan	Town of Gilbert
Samantha	Harris	Town of Gilbert (intern)
Jacqueline	Jeffries	Youth Counselor (Substance Abuse)